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** CONTINUING DATA *****

NONE . MCD

** FOREIGN APPLICATIONS *****

NONE . MCD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Mam C. Sana</i> Examiner's Signature	<i>MCD</i> Initials		

ADDRESS

 30173
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TITLE

Treatment composition for reducing acrylamide in food products and food intermediates

FILING FEE RECEIVED 982	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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